

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/700840

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | | * | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | | |
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| 7 | | | | | | | 57 | | | | | | | |
| 8 | | | | | | | 58 | | | | | | | |
| 9 | | | | | | | 59 | | | | | | | |
| 10 | | | | | | | 60 | | | | | | | |
| 11 | | | | | | | 61 | | | | | | | |
| 12 | | | | | | | 62 | | | | | | | |
| 13 | | | | | | | 63 | | | | | | | |
| 14 | | | | | | | 64 | | | | | | | |
| 15 | | | | | | | 65 | | | | | | | |
| 16 | | | | | | | 66 | | | | | | | |
| 17 | | | | | | | 67 | | | | | | | |
| 18 | | | | | | | 68 | | | | | | | |
| 19 | | | | | | | 69 | | | | | | | |
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| 21 | | | | | | | 71 | | | | | | | |
| 22 | | | | | | | 72 | | | | | | | |
| 23 | | | | | | | 73 | | | | | | | |
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| 25 | | | | | | | 75 | | | | | | | |
| 26 | | | | | | | 76 | | | | | | | |
| 27 | | | | | | | 77 | | | | | | | |
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| 31 | | | | | | | 81 | | | | | | | |
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| 33 | | | | | | | 83 | | | | | | | |
| 34 | | | | | | | 84 | | | | | | | |
| 35 | | | | | | | 85 | | | | | | | |
| 36 | | | | | | | 86 | | | | | | | |
| 37 | | | | | | | 87 | | | | | | | |
| 38 | | | | | | | 88 | | | | | | | |
| 39 | | | | | | | 89 | | | | | | | |
| 40 | | | | | | | 90 | | | | | | | |
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